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CONFIRMATION NO. 6532

SERIAL NUMBER 10/807,746	FILING OR 371(c) DATE 03/24/2004 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 28335/39196A	
APPLICANTS Lauren O. Bakaletz, Hilliard, OH; Robert S. Munson JR., Hilliard, OH;					
** CONTINUING DATA ***** This appln claims benefit of 60/458,234 03/27/2003					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/11/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>13107</i>		STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
ADDRESS 4743					
TITLE Nontypeable haemophilus influenzae virulence factors					
FILING FEE RECEIVED 701	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		